

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 140
Registered No. 71

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Frankie Alice Blair { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>3-7-26</u> Month Day Year
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8. FATHER
Full name Alfred Loyd Blair
9. Residence (Usual place of abode) Globe
If non-resident, give place and state. Arizona
10. Color or race white
11. Age at last birthday 28 (Years)

12. Birthplace (city or place) Junction City
(State or country) Texas

13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Mina Lee Southworth
15. Residence (Usual place of abode) Globe
If non-resident, give place and state. Arizona
16. Color or race white
17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Clayton
(State or country) N. Mex.

19. Occupation
Nature of industry Housewife

20. Number of children of this mother <u>1</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn _____	21. Were precautions taken against oph- thalmia neonatorum? <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:10 A m. on the date above stated
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. W. Adams
Physician
(Physician or midwife)

Given name added from
a supplemental report _____
Month, day, year _____

Address 321 Globe Arizona
Filed 3/26 1926 W. M. Hork
Registrar

629-307-528

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.